



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

PATENT

IN THE PATENT APPLICATION OF:

ROBERT W. HELT, GORDON JEFFREY
HUGHINS AND CARL L. GARRETT

U.S. SERIAL NO: 10/765,634

GROUP: 3744

FILED: JANUARY 27, 2004

EXAMINER: GENE LOUIS BANKHEAD

FOR: MULTIPLE THERMOSTATS FOR AIR
CONDITIONING SYSTEM WITH TIME
SETTING FEATURE

La Crosse, Wisconsin
December 7, 2007

I hereby certify that this correspondence
is being deposited with the U.S. Postal
Service as Express Mail Post Office to
Addressee in an envelope addressed to:
Commissioner for Patents, P.O. Box 1450,
Alexandria, VA 22313-1450 on
12/07/2007
Date
EQ533682230US
Express Mail Number

William O'Driscoll

REQUEST FOR THREE MONTH EXTENSION OF TERM FOR RESPONSE

Mail Stop Petition

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

This is a request for a three month extension of time
effectively extending the term for response from July 12, 2007, to
October 12, 2007. Please charge Deposit Account 20-1434 any fees for
this extension. A duplicate copy of this form is attached for that
purpose.

Respectfully Submitted,

William O'Driscoll

William O'Driscoll

Registration No. 33,294

12/11/2007 SFELEKE1 00000002 201434 10765634

02 FC:1253 1050.00 DA

Telephone Number: (608)787-2538

E-Mail Address: bodriscoll@trane.com

Adjustment date: 01/11/2008 CKHLOK
12/11/2007 SFELEKE1 00000002 201434 10765634
02 FC:1253 1050.00 CR

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 1/10/08

2 Serial/Patent # 10765634

3 Please refund the following fee(s):

4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
		\$
		\$
—	12/7/07	\$ 1050.00
		\$
		\$
		\$
		\$
		\$
		\$
		\$

7 TOTAL AMOUNT OF REFUND \$ 1050.00

8 TO BE REFUNDED BY:

☒ Treasury Check
☒ Credit Deposit A/C #:
9 20--1434

10 REASON:

Overpayment

Duplicate Payment

☒ No Fee Due (Explanation):

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: Liana Walsh

TITLE: Pets Examiner

SIGNATURE: [Signature]

PHONE: 23206

OFFICE:

THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: [Signature]

DATE: 1/11/08

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**